



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION
PO BOX 19001
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

IN REPLY REFER TO:
DepO 11240.8
G-4
23 NOV 2011

DEPOT ORDER 11240.8

From: Commanding General
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES (SOP) FOR GLOBAL ELECTRIC
MOTORCAR (GEM)

Ref: (a) MCO P4790.2C
(b) GEM CARS Owners Manual

Encl: (1) SF91 Vehicle Accident Report
(2) GME Weekly Preventative Maintenance Checklist
(3) Daily Operators Inspection Checklist

1. Situation. To establish SOP for the safe operation and maintenance of all GEM cars aboard the depot.

2. Cancellation. DepO 11240.4

3. Mission. It is the goal of this command to establish guidelines for the safe usage/operation of GEM cars aboard the depot. GEM cars have been introduced to Marine Corps Recruit Depot/Eastern Recruiting Region, Parris Island (MCRD/ERR, PI) as a cost effective alternative means of transportation. It is imperative that we utilize and maintain them in accordance with the above listed references.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) This order will direct the proper usage, operation and maintenance of all depot GEM cars.

(b) Commanders of each unit/section assigned a GEM car will ensure that operators are given a class on safety, maintenance, and accident reporting.

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(c) No operator will be permitted to drive a GEM car without first being instructed on the proper operation and use of the vehicle's controls. An experienced operator will accompany a first-time driver on an orientation drive before allowing them to operate the vehicle alone. The commander of each unit/section will designate an individual from his or her unit to administer the orientation drive.

(d) Safety devices will be utilized while operating the Gem cars if so equipped.

(2) Concept of Operations

(a) Vehicle Familiarization

1. The key switch is mounted on the steering column. It has two positions, "OFF" and "ON," which are clearly labeled. The key can only be removed when in the "OFF" position.

2. The "FORWARD"/"REVERSE" switch is located on the right side of the steering column and has three distinct positions: "FORWARD FAST, FORWARD SLOW" and "REVERSE." Gem cars operate at a reduced speed in reverse and have a warning buzzer.

3. The acceleration pedal is the pedal on the right. The reverse buzzer will sound if the vehicle is in "REVERSE." As the accelerator pedal is depressed, speed will increase until full speed is reached.

4. The brake pedal is the pedal to the left of the accelerator pedal. To slow or stop the vehicle, depress the brake pedal with your right foot.

5. The parking brake is located just below the seating bench near the driver's right leg. To set the parking brake, depress the button on the handle and cautiously lift the handle until it reaches the top.

6. The most unique part of a GEM car is its use of electricity to power a rechargeable engine, normal recharging time is 8 hours.

(b) Operator Training

1. Starting the Vehicle

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a. Be sure any load is secure.
b. Study and understand controls.
c. Be sure everyone is seated and wearing seat belts.

d. Driver should have both hands on the wheel.

e. Read safety warning instructions.

f. Make sure wheels are turned in desired direction.

g. Turn key to the "ON" position and make sure nothing is in desired path.

h. Select direction by pushing switch to the desired position.

i. Release parking brake and slowly depress accelerator pedal. As the accelerator pedal is depressed, speed will increase until desired or posted speed is reached.

2. Stopping the Vehicle. To stop vehicle, release the accelerator pedal and depress the brake pedal until the vehicle comes to a complete stop.

3. Parking and Leaving the Vehicle

a. After stopping the vehicle, set parking brake. This will prevent the vehicle from rolling.

b. Turn the key switch to "OFF" position. Remove the key when vehicle is not in use.

4. Loading and Unloading the Vehicle. When loading the vehicle, center and secure the cargo as far forward as possible in the cargo bed. Do not overload the vehicle. The total capacity depending on configuration of the vehicle is between 400 and 1200 lbs. This includes passengers and cargo.

(c) Safety

1. Operators of GEM cars equipped with emergency lighting will activate them when the vehicle is in motion.

2. GEM cars will not be operated without the head and tail lights properly illuminated.

3. GEM cars utilized for transporting weapons will be equipped with a serviceable radio and will maintain communications with the depot armory at all times.

4. Due to the extended height and weight of the armory GEM cars, operators must negotiate turns at slower speeds than the more conventional model GEM cars.

5. Prior to operation, operators will perform a complete inspection utilizing enclosure (1). It is extremely important that the operator conduct a detailed inspection of the vehicle as it may identify damages not previously reported. Failure to report such damage could result in the operator being held responsible.

6. GEM cars should not be used to tow or be towed by another.

7. In lieu of increased traffic accidents, responsible officers should refer to the MCO 5100.19E and DepO 5560.8B for proper use of GME vehicles.

(d) Accidents. All accidents will be immediately reported to the unit/section commander, Provost Marshals Office (PMO) should be contacted any time an accident occurs. An SF91 Accident Report form will be completed and turned into Motor Transport Department (MTD), see enclosure (2). The MTD will complete all vehicle repairs. Refer to DepO 11240.3K chapter 5 Safety, Accidents prevention and reporting for instructions and assistance.

(e) Maintenance

1. A weekly preventive maintenance service check will be conducted at the organizational level. This will be documented on the checklist provided in enclosure (3). The weekly checks will be verified by a non commissioned officer (NCO) or above to ensure it was properly completed and that the vehicle is safe for operation.

2. A more detailed inspection will be conducted by Motor Transport Maintenance Division (MTMD). These inspections will be conducted on a semi-annual basis while corrective maintenance will be handled as needed.

3. Vehicles identified as needing maintenance will be immediately turned in for repairs.

(f) Administration

1. Per references (a) and (b), MTMD will create and maintain record jackets for each GEM car. Record jackets will contain all necessary information IAW reference (a). The record jackets should provide a complete maintenance history of the vehicle.

2. Units will maintain all daily PM/checklist history for the past 30 days.

3. Units will maintain all monthly PM sheets for the past six months.

4. Each GEM car will be equipped with a copy of a blank SF91

5. Units will turn in the GME weekly preventative maintenance checklist(s) to the MT maintenance shop weekly.

b. Subordinate Element Missions. Unit commanders will ensure that their organizations are adhering to this order.

5. Administration and Logistics

a. Administration. Recommendations for changes or modifications to this order will be provided to the AC/S, I&L, for staffing to the MTD.

b. Logistics. Maintain records created in compliance with this order per MCO P4790.2C.

6. Command and Signal

a. Command. This order is applicable to the Marines, sailors, and civilians of MCRD/ERR, PI.

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b. Signal. This order is effective on the date signed.



R. L. GRABOWSKI
Chief of Staff

DISTRIBUTION: A

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MOTOR VEHICLE ACCIDENT REPORT

MOTOR VEHICLE ACCIDENT REPORT		Please read the Privacy Act Statement on Page 3		INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
SECTION I - FEDERAL VEHICLE DATA							
1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS						4b. WORK TELEPHONE NUMBER	
5. TAC OR IDENTIFICATION NUMBER		6. EST. REPAIR COST	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE							
SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed)							
12. DRIVER'S NAME (Last, first, middle)				13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
15a. DRIVER'S WORK ADDRESS						15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS						16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE							
19. YEAR OF VEHICLE		20. MAKE OF VEHICLE		21. MODEL OF VEHICLE		22. TAC NUMBER AND STATE	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						23b. POLICY NUMBER	
						23c. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED				25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER	
26. OWNER'S ADDRESS(ES)							
SECTION III - KILLED OR INJURED (Use Section VII if additional space is needed)							
27. NAME (Last, first, middle)				28. SEX	29. DATE OF BIRTH		
30. ADDRESS							
A	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			32. IN WHICH VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY	
	35. TRANSPORTED BY		36. TRANSPORTED TO				
37. NAME (Last, first, middle)				38. SEX	39. DATE OF BIRTH		
40. ADDRESS							
B	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			42. IN WHICH VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY	
	45. TRANSPORTED BY		46. TRANSPORTED TO				
47. Pedestrian	a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM _____ TO _____			
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing in action with signal, against signal, diagonally, in roadway paying, walking, hitchhiking, etc.)						

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SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

48. DATE OF ACCIDENT _____ 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance to next intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description) _____

50. TIME OF ACCIDENT _____
 AM _____
 PM _____

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicles as 2, additional vehicles as 3 and show direction of travel with arrow.

Example:

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by

d. Show speed by ++++++ (more + signs = faster speed).

e. Place arrow in the circle to indicate NORTH.

52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicle, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop sign, etc.), condition of light (daylight, dusk, night, dawn, twilight, etc.), and driver actions (swerving, U-turn, passing, stopped in traffic, etc.)

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 84, Statement of Witness) (Continue in Section VIII.)

54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
A 57. WORK ADDRESS	58. HOME ADDRESS	
59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
B 62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. AGENCY OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

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SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Departments of Treasury and Justice, or a court under judicial proceedings; agency inspectors General in conducting audits; private insurance and collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for fiscal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification of individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER	72b. DRIVER'S SIGNATURE AND DATE
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SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN	74. DESTINATION
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75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
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78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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82. COMPLETED BY DRIVER'S SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	8. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY b. COMMENTS	
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83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE	83c. TELEPHONE NUMBER
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SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. NO YES (if checked, explain below.)

95. PERSONS INTERVIEWED

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

99. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE	b. DATE		a. SIGNATURE	b. DATE	
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION

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GME WEEKLY PREVENTATIVE MAINTENANCE CHECKLIST

USMC/PLATE # _____ GME CODE _____ CLASS: ()A ()B ()C

DRIVERS REMARKS _____

	SAT	UNSAT
1. STEERING WHEEL		
2. SEATS AND SEAT BELTS		
3. INSTRUMENTS PANEL AND GUAGES		
4. LIGHTS/ BRAKE LIGHTS		
5. HORN		
6. BATTERY CLEAN TERMINALS		
7. BATTERY CHARGER INDICATOR		
8. BRAKES OPERATING PROPERLY/FLUID LEVEL		
9. EMERGENCY BRAKES OPERATING PROPERLY		
10. MIRRORS/WINDSHIELD WIPER		
11. ELECTRIC OUTLET AND ELECTRICAL CORD		
12. EMERGENCY FLASHERS		
13. HEATER IF APPLICABLE		
14. TIRE WEAR/RIMS AND HUB CAP CONDITION		
15. BODY, CONDITION, DAMAGE		
16. FRONT/REAR USMC TAG NUMBER PRESENT		
17. DOORS IF APPLICABLE		
18. HOOD		
19. UTILITY BED (IF APPLICABLE)		
20. SIDE PANELS		
21. VEHICLE OPERATING PROPERLY YES OR NO		
22. OPTIONAL ACCESSORIES NOT MENTIONED		

MILEAGE _____ TIRE PRESSURE: LF _____ RF _____ LR _____ RR _____

HOURS _____ REMARKS _____

INSPECTOR'S SIGNATURE _____ DATE _____

SUPERVISORS COMMENTS: _____

❖ This form needs to be sent to the MT Maintenance Shop on a weekly basis.

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Daily Operator Inspection Check List

Tag # _____



30+ Point Inspection Form

NEV™ Service

Customer Name: _____	Address: _____	Phone: _____	VIN: _____	Model/Color: _____	Odometer: _____
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- Batteries:** Gel Flooded _____
- Properly Filled Yes No N/A
- Caps Secure _____
- Properly Fastened Down _____
- Cable Connections Tight _____
- Leaks/Spills Yes No _____

- Date Code/Voltage Test:**
- Battery 1 _____ / _____ / _____
- Battery 2 _____ / _____ / _____
- Battery 3 _____ / _____ / _____
- Battery 4 _____ / _____ / _____
- Battery 5 _____ / _____ / _____
- Battery 6 _____ / _____ / _____
- Battery 7 _____ / _____ / _____
- Battery 8 _____ / _____ / _____
- Battery 9 _____ / _____ / _____
- SOC (State of Charge) _____ %

- Electrical: Seat Belts:**
- Horn _____
- Head Lights _____
- Tail Lights _____
- Turn Signals Front Rear _____
- Brake Lights _____
- Windshield Wiper _____
- Instrument Panel Indicator (BDI/LCD) _____
- Charge Indicator Light _____

- Brakes:**
- Operating Property Yes No
- Proper Fluid Level Min Max
- Emergency Parking Brake _____

- Tires:**
- Proper Tire Pressure Yes No _____ psi
- Tire Wear _____

- Operating Property Yes No

- Body:**
- Hood _____
- Spal _____
- Floor Panel _____
- Side Panels _____
- Mud Guards _____
- Utility Bed N/A _____
- Seats _____

- Drive Train:**
- Visual Inspection - Suspension Front Rear
- Visual Inspection - Half Shafts
- Visual Inspection - Differential

- Miscellaneous:**
- Pack Latch Operation N/A _____

Options/Accessories (List): _____

Service Performed: _____

Recommended Service: _____

Technician _____ Location _____ Date _____